

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10/1069377	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1								
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50								
TOTAL IND.			1					
TOTAL DEP.			11					
TOTAL CLAIMS	10	10	12	12	10	10	10	10

BEST AVAILABLE COPY